

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000011804

1. Entity Name
DARBY HOMES, INC.



Principal Place of Business
**317 DARBY ROAD
DEFUNIAK, FL 32435**

Mailing Address
**317 DARBY ROAD
DEFUNIAK, FL 32435**



05012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0608466

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DARBY, JEFF A
317 DARBY ROAD
DEFUNIAK, FL 32435**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DARBY, JEFF A
STREET ADDRESS	317 DARBY ROAD
CITY- ST- ZIP	DEFUNIAK, FL 32435
TITLE	V
NAME	HALL, BENJAMIN O
STREET ADDRESS	1300 SENTERFITT RD
CITY- ST- ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	V
NAME	DARBY, JERRY R
STREET ADDRESS	317 DARBY RD
CITY- ST- ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1000000558752
05/17/06-80110-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jeff Darby 5/10/6 850-892-7038